## Department of Labor and Industries This form must be completed by a Vocational Rehabilitation Counselor who has received a referral from a self-insured employer.



## SELF INSURANCE TRAINING PLAN COST ENCUMBRANCE

\*\*\*\* Counselor is responsible for sending
a copy of this form to each vendor \*\*\*\*

ULLAN	COSI	LINCUMDINA
Original		Modification

Claimant:				Date	Claim Number	
	Vendor Name	Vendor Name	Vendor Name	Vendor Name	Expended Funds per RVRE:	Total Funds
Billing Category and Code	Provider No.	Provider No.	Provider No.	Provider No.	(attach copy)	
Travel						
Tuition						
Books						
Equip						
Supplies						
Child Care						
Other						
Vendor Funds Allocated						
Dates of Service	From: To:	From: To:	From: To:	From: To:		
» » » » » » » » » » » Total Training Funds Allocated:						

## **NOTE:**

When vendor funds are reduced, the VRC must contact vendor to:

- 1) Make sure all billings are submitted and paid.
- 2) Notify the vendor that the amount authorized will be reduced.
- 3) Provide the vendor with a copy of the approved modified encumbrance form.

Company		Phone No.		FAX No.
Assigned Vocational Counselor:		Date Signature		
Employer or Service Representative  Not Approved Approved	Date	Phone No.	Signature	